

<i>SERFF Tracking Number:</i>	<i>CFAP-125485489</i>	<i>State:</i>	<i>District of Columbia</i>
<i>Filing Company:</i>	<i>Group Hospitalization and Medical Services, Inc.State Tracking Number:</i>		
<i>Company Tracking Number:</i>	<i>1062</i>		
<i>TOI:</i>	<i>H21 Health - Other</i>	<i>Sub-TOI:</i>	<i>H21.000 Health - Other</i>
<i>Product Name:</i>	<i>Filing #1062 GHMSI DC PPO UW (incl Saver&amp;HSA) &amp; HIPAA</i>		
<i>Project Name/Number:</i>	<i>DC PPO UW &amp; HIPAA 200807 eff/1062</i>		

## Filing at a Glance

Company: Group Hospitalization and Medical Services, Inc.

Product Name: Filing #1062 GHMSI DC PPO    SERFF Tr Num: CFAP-125485489    State: District of Columbia  
 UW (incl Saver&HSA) & HIPAA

TOI: H21 Health - Other

SERFF Status: Closed-APPROVEDState Tr Num:

Sub-TOI: H21.000 Health - Other

Co Tr Num: 1062

State Status:

Filing Type: Rate

Reviewer(s): Laszlo Pentek

Authors: Anna Guloy, Todd Switzer,Disposition Date: 04/17/2008

David Mok, Katheryn Barron

Date Submitted: 02/28/2008

Disposition Status: APPROVED

Implementation Date Requested: 07/01/2008

Implementation Date:

## General Information

Project Name: DC PPO UW & HIPAA 200807 eff

Status of Filing in Domicile:

Project Number: 1062

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 04/17/2008

Explanation for Other Group Market Type:

State Status Changed:

Deemer Date:

Created By: Katheryn Barron

Submitted By: Katheryn Barron

Corresponding Filing Tracking Number:

Filing Description:

This filing contains the rate proposal for Group Hospitalization and Medical Services, Inc (GHMSI) dba CareFirst BlueCross BlueShield's individual, non-Medigap PPO Underwritten (including Saver & HSA) and HIPAA medical and prescription drug coverages, with an effective date of July 1, 2008. Please refer to the Cover Letter / Filing Description (Supporting Documentation) and Actuarial Memorandum (Rate/Rule Schedule) for more details.

## Company and Contact

### Filing Contact Information

David Mok, Actuarial Assistant

david.mok@carefirst.com

10455 Mill Run Circle

410-998-5308 [Phone]

SERFF Tracking Number: CFAP-125485489 State: District of Columbia  
Filing Company: Group Hospitalization and Medical Services, Inc.State Tracking Number:  
Company Tracking Number: 1062  
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other  
Product Name: Filing #1062 GHMSI DC PPO UW (incl Saver&HSA) & HIPAA  
Project Name/Number: DC PPO UW & HIPAA 200807 eff/1062

Owing Mills, MD 21117 410-998-7704 [FAX]

### Filing Company Information

Group Hospitalization and Medical Services, CoCode: 53007 State of Domicile: District of  
Inc. Columbia  
840 First Street NE Group Code: Company Type: Hospital, Medical &  
Washington, DC 20065 Group Name: Dental Service or Indemnity  
(410) 581-3000 ext. [Phone] FEIN Number: 53-0078070  
State ID Number:

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### Filing Fees

Fee Required? No  
Retaliatory? No  
Fee Explanation:  
Per Company: No

SERFF Tracking Number: CFAP-125485489 State: District of Columbia  
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## Supporting Document Schedules

	Item Status:	Status
<b>Satisfied - Item:</b> Actuarial Justification	APPROVED	<b>Date:</b> 04/17/2008
<b>Comments:</b>		
<b>Attachment:</b>		
DC_GHMSI_Certification.pdf		

	Item Status:	Status
<b>Satisfied - Item:</b> Cover Letter/Filing Description	APPROVED	<b>Date:</b> 04/17/2008
<b>Comments:</b>		
<b>Attachment:</b>		
File 1062 PPO UW&HIPAA Cover Letter.pdf		

## **ACTUARIAL CERTIFICATION**

I, Todd Switzer, am the Director of Actuarial Pricing with Group Hospitalization and Medical Services, Inc (GHMSI) doing business as CareFirst BlueCross BlueShield and a member of the American Academy of Actuaries. I have been involved in the development of these rates.

To the best of my knowledge and judgment, this rate filing complies with applicable laws and regulations of the District of Columbia and produces premiums that are reasonable in relation to benefits provided.



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Todd Switzer, A.S.A., M.A.A.A.  
Director of Actuarial Pricing  
CareFirst BlueCross BlueShield  
NAIC Number 53007  
Finance Division  
Mail Drop Point 01-780  
10455 Mill Run Circle  
Owings Mills, MD 21117-4208

February 28, 2008

Mr. Laszlo Pentek  
Actuary  
Government of the District of Columbia  
Department of Insurance, Securities and Banking  
Insurance Products Division  
810 First Street, NE, Suite 701  
Washington, DC 20002-8023



Re: Group Hospitalization and Medical Services, Inc. dba  
CareFirst BlueCross BlueShield  
NAIC# 53007. FEIN# 53-0078070  
Individual, non-Medigap Business  
PPO/BluePreferred, Underwritten (Standard, Saver & H.S.A. Plans) & HIPAA  
Medical & Prescription Drug Coverage  
Company Filing # 1062 (Previous Approved Filing Number: #992)

Dear Mr. Pentek:

Enclosed for your review is a rate filing for Group Hospitalization and Medical Services, Inc. dba CareFirst BlueCross BlueShield's (NAIC # 53007) individual, non-Medigap, PPO/BluePreferred Underwritten (Standard, Saver and Health Savings Account (H.S.A) Plans) and HIPAA for a July 1, 2008 effective date.

CFBCBS is proposing an aggregate 3.5% rate increase to the Medical & Rx coverage (with 3.6% to the Underwritten & HIPAA Standard plan, 0.0% to the Underwritten Saver and 0.0% to the H.S.A. plans). Details are shown on page 3 of the Actuarial Memorandum. These rate increases will also apply to the 25% and 50% CounterOffers.

This product's subscribers receive their rate change on their renewal month; basically, they do not see a rate change for a year. The company's billing system does not allow for a rate change until the subscribers' renewal date, including changing age bands. The rate renewal page shows the renewal increases as a consequence of rate actions that were implemented, excluding change in age band, for all Options. The boxed section in the bottom of this page shows the combined medical and Rx rate changes by renewal month to existing subscribers. An additional 4 to 5 points is expected for aging.

The form numbers associated with this filing are shown below.

**UNDERWRITTEN (Standard) & HIPAA**  
**D/DP-IEA-5/95**  
**PPP-A-5/95**  
**CMM/MM ATTB-5/95**  
**C-DP-5/95**  
**DC/CF/IND RX3 (1/03)**

**UNDERWRITTEN SAVER**  
**DC/CF/LC70 (1/05)**  
**DC/CF/LC100 (1/05)**  
**DC/CF/LCRX (1/05)**

**UNDERWRITTEN HEALTH SAVINGS ACCOUNT (H.S.A.)**

**DC/CF/HSA 100 (4/05)**

**DC/CF/HSA 80 (4/05)**

**DC/CF/IND HSA RX3 (4/05)**

If you have questions regarding this filing, please contact me at (410) 998-5308 or Mr. Todd Switzer, A.S.A., M.A.A.A., Director of Actuarial Pricing, at (410) 998-7107.

Sincerely,

David Mok  
Actuarial Assistant  
Actuarial Pricing Department